



### QUALIFICATION FOR FIXED-SEWER RATES FOR HOUSEHOLDS WITH FEWER THAN FOUR PERSONS

**Purpose:** The City of Durham fee schedule allows for the assessment of fixed sewer rates for households that are not served by City water. The rate is determined based on the number of occupants. This form shall be used to establish the qualification for any such rate for fewer than four persons, and to document accompanying provisions. Failure to complete this form by the required due date will result in the customer being assessed fixed sewer rates applicable to households with four or more persons.

Name(s) of Customer(s): \_\_\_\_\_

Service location: \_\_\_\_\_

Total number of persons in household at least six months out of the year: \_\_\_\_\_

For the fiscal year ending June 30, \_\_\_\_\_

**Customer statement:** My signature below affirms that I am the financially responsible customer for the location above and that the number of household members is accurate and includes myself. I have been notified of and understand additional conditions as follows:

- I am responsible for notifying Customer Billing and Services offices at 919-560-1200 or [wsbillinginquiry@durhamnc.gov](mailto:wsbillinginquiry@durhamnc.gov) within 30 days if the number of occupants in the household increases or to apply for a different rate if the number of occupants decreases.
- Renewals of this form will be mailed to me on an annual basis and I am responsible for delivering the signed form to the Utility Billing office in person or by mail, fax, or e-mail prior to June 30 to continue to receive the fixed sewer rate.
- If I fail to notify the City of any increase in household occupants, or any other inaccuracy in the number of occupants reported on this form, I may be back billed for the period during which occupancy was higher or for three years' worth of services, whichever is less.
- This form will be scanned and attached to the permanent record of my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE:

CID/ACCT #: \_\_\_\_\_

Date Received: \_\_\_\_\_